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ABSTRACT

This report presents the 1994 update for a 5-year plan developed in 1992 which emphasizes changes resulting from restructuring Colorado state government and its departments. The first section presents the mission statement of the Division for Developmental Disabilities, a statement of the Division's operating principles, and a statement of desired outcomes. The next section describes the basic service and supports offered by the Division and current and future directions for the following areas: (1) family support; (2) early intervention services and supports; (3) case management/service and support coordination; (4) residential services and supports; (5) day program services and supports; and (6) system infrastructure and administrative services. Critical issues facing the Colorado developmental disabilities system are identified and discussed. These include: continued implementation and expansion of supports to families; community waiting lists; restructuring of health and human services; life transitions and continuity of services and supports; and downsizing of regional residential centers. Five year objectives for goals in the following areas are then presented: supporting families and children; home, work, and social life; community infrastructure; transitions; and system evolution and improvement. Appendices provide additional information on the Division for Developmental Disabilities planning process, the Colorado Developmental Disabilities System, and major services and supports most frequently utilized and funded by the Division. (DB)

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LIVING OUR MISSION, BUILDING ON OUR ACCOMPLISHMENTS:

A Plan for Continued Change
1994 Update

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Colorado Division for
Developmental Disabilities
Five Year Strategic Plan
FY 1992-1996

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LIVING OUR MISSION, BUILDING ON OUR ACCOMPLISHMENTS

A PLAN FOR CONTINUED CHANGE
1994 UPDATE

COLORADO DIVISION FOR DEVELOPMENTAL DISABILITIES

FIVE-YEAR STRATEGIC PLAN

FY 1992-1996

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A LETTER FROM THE DIRECTOR: COMMENTS ON RESTRUCTURING

The plan which follows represents the 1994 update for a five year plan which was developed in 1992. It is a continuation of that plan with some modification based on changes over the last year and a review and input process which included a formal public forum.

This plan is being issued during a time of change for the Division for Developmental Disabilities of the Department of Institutions. As a result of passage of House Bill 93-1317, the Department of Institutions will become part of the larger Department of Human Services and the Division for Developmental Disabilities will become a part of the Office of Health and Rehabilitation. This is a result of a major restructuring process which becomes effective on July 1, 1994. Changes in role, responsibility, authority, and operations will undoubtedly unfold following this change.

While it is not possible to predict specific changes, it is certain that changes to the plan will occur and that these changes will be guided by the principles of the restructuring. Major principles that have influenced and driven this reform effort include the following:

- Human service delivery will be oriented toward persons receiving services, needs, easy access to services, and desired results.
- Human service delivery will support locally-based approaches.
- Restructuring and reforms will result in overall increased effectiveness, efficiency, and accountability and will be designed to determine improvements and outcomes.

- Restructuring will coordinate with other reforms and assign health and human service functions to appropriate departments.

- Long-term savings and better services will result from restructuring and reforms, such as the reduction of administrative layers, integrated processes, consistent policy development, and redesigned processes.

To date the restructuring process has taken an aggressive approach to the changing structure and process of State government and has solicited broad-based participation in doing so. These changes will likely continue and be followed by a wave of restructuring of local service systems pursuant to H.B. 94-1005. Your participation in both of these efforts is encouraged and will most probably have a resulting impact on future revisions of the Five Year Strategic Plan and in the formation of a new five year plan in 1996.

Robert B. Rossi, Interim Director
Division for Developmental Disabilities

DIVISION FOR DEVELOPMENTAL DISABILITIES MISSION AND OPERATING PRINCIPLES

The Division staff, with many opportunities for input from families, Community Centered Boards, advocacy groups and others involved with the developmental disabilities system, set the direction the Division for Developmental Disabilities will take in coming years. It is important that the mission and operating principles are anchored in and intended to build upon realities rather than unreachable ideals. The Division acknowledges the efforts of the many individuals and agencies who are striving to fully implement the mission and operating principles. They have created the foundation upon which we continue to build.

DIVISION FOR DEVELOPMENTAL DISABILITIES MISSION

The **MISSION** of the Division for Developmental Disabilities is

to **join with others** to offer the necessary **supports** with which

all people with developmental disabilities have their rightful

chance to:

--**Be included** in Colorado community life.

--Make increasingly **responsible choices**.

--Exert greater **control** over their life circumstances.

--Establish and maintain **relationships** and a sense

of **belonging**.

--Develop and exercise their **competencies and talents**.

--Experience personal **security** and **self-respect**.

DIVISION FOR DEVELOPMENTAL DISABILITIES OPERATING PRINCIPLES

PRINCIPLES FOCUSED ON THE INDIVIDUAL AND FAMILY

Individuals with developmental disabilities will be afforded the same basic rights and privileges as individuals without developmental disabilities.

Parents will be leaders and will be in the "driver's seat" regarding their children.

Individuals with developmental disabilities will be encouraged, assisted and entrusted to make choices and decisions about their lives.

In typical families, adolescents are able to choose to emancipate from their families and live on their own when they become adults. The same will be true for adolescents with developmental disabilities. For cultural or other individual reasons, a family and the individual with a developmental disability may choose to continue to live together. In those situations, family supports should be available.

The families of children with developmental disabilities will be assisted and entrusted to make choices and decisions about their families' lives and the direction of the service system.

All children have the right to grow up in loving, caring families and to experience lasting relationships with those families. Families are the greatest resource available to their children with developmental disabilities, and therefore must have access to necessary and sufficient supports to care for those children at home.

There must be supports available to facilitate continuing family relationships when the person with a developmental disability emancipates to adult life and desires to maintain a relationship with his or her family.

PRINCIPLES FOCUSED ON SERVICES AND SUPPORTS

All services and supports must be based on the basic principles of:

- increasing each individual's personal dignity, self-reliance, competence and self-esteem.
- promoting personal control and choice making.
- participating in typical neighborhood, work and community environments and activities.
- developing and maintaining meaningful, ongoing family and/or personal relationships.
- learning things that are supportive of individual life goals.

Services and supports must:

- enable individuals with developmental disabilities and, where appropriate, their families to be at the center of decision making.
- encourage and build on existing social networks and natural sources of support.
- be responsive to the unique talents, desires and needs of each individual as they change over time.
- be respectful of each individual's personal values, practices and cultural preferences.
- be appropriate to respond to individual needs but not intrude in the life of the individual or his/her family more than is necessary to meet those needs.
- be comprehensive and coordinated across service agencies and funding sources.
- effectively and responsibly use existing resources.
- provide for the basic personal security, health and safety of each individual.

PRINCIPLES FOCUSED ON THE SERVICE SYSTEM

Agencies administering and providing services are firmly committed to the following principles:

- Agencies providing services and supports must share decision-making responsibility with families of children with developmental disabilities, adults with developmental disabilities and with these adults' families and friends when they choose.

- Families of children with developmental disabilities, individuals with developmental disabilities and, as appropriate, their families, must be at the center of program design, development, implementation, monitoring and evaluation.

In order to encourage constructive system development, promote achievement of the mission and advance the welfare and quality of life of individuals with developmental disabilities, concerted, continual efforts will be made to:

- Find common ground and improve communication, organizational design, management and operations.

- Focus time and resources on the activities, services and supports most likely to advance the mission.

- Support and reward ongoing learning and creativity within the service system.

- Make ongoing and specialized training for staff a priority.

Reimbursement levels and direct care staff salaries must bear a material relationship to the cost of providing stable, quality services and supports.

Adequate mechanisms must exist to ensure and promote the basic health, safety, well-being and quality of life of all individuals in the service system.

IF WE ARE SUCCESSFUL, IN FIVE YEARS WE WILL HAVE ACCOMPLISHED THE FOLLOWING:

CHILDREN AND FAMILIES

- Creative, flexible and family-centered approaches to delivering supports to families will be expanded.

- Children now in congregate settings will be living in stable family alternatives.

- Early intervention services will serve infants and toddlers in typical places which are selected by families and where other infants and toddlers are found.

- Parents will be the leaders in planning for their children's needs and will be assisted in this role.

- Service and support coordination will focus on providing assistance, consultation or empowering individuals with developmental disabilities and their families to be "self-managers".

- Families who choose to do so will be able to provide their own service and support coordination.

COMMUNITY INCLUSION AND PARTICIPATION

- Individuals with developmental disabilities will be able to choose among and access the same range of living options as individuals without developmental disabilities. This will include the availability of needed supports and assistance to access and retain those options.

- Continued census reduction of the Regional Center campuses will occur due to the promotion of typical community living arrangements.

- Training and staff development will focus on consultation to generic service providers to support full community participation and inclusion.

- All services and supports will support individual job choice and career advancement decisions, and they will facilitate relationships with supervisors, co-workers and customers.

- All services and supports will be focused on finding jobs for each individual, not a group of people.

- All services and supports will offer a variety of community work experiences that increase responsible decision making.

- Any senior citizen in service who chooses an alternative to full-time employment will be offered the opportunity to use those community resources available to seniors who do not have disabilities.

- Specialized services will be employed as complements to, rather than replacements of, generic services and natural supports.

- Assistive technology will be accessed to the maximum extent in order to minimize barriers to full community inclusion and participation.

SYSTEM IMPROVEMENT

- The community's capacity to assure and improve the quality of services and supports will be strengthened.

- Incentives and needed assistance will be developed and offered for the conversion of current congregate community settings.

- The future role of the Regional Centers will be reconsidered and defined.

- Greater emphasis will be placed on the coordination of services and supports.

- The quality of administrative services will be improved by making needed changes which strengthen the individualized focus outlined in the mission and five-year goals.

CURRENT AND FUTURE DIRECTIONS IN BASIC SERVICES AND SUPPORTS

This section presents a brief description of the current status of the basic services and supports offered through the Division and the current and future direction of those services and supports, given the mission and five-year plan goals and objectives.

(1) Family Support

Services and supports for children and families are a major system focus and will continue to be a priority in the future. This program area includes family support, respite care, infant and toddler services, as well as case management/resource coordination for services and supports.

In the past, families who had a child with a developmental disability had only two choices. They could place their child in an institution where the child could possibly get some medical treatment, therapies, and daily care, but remain apart from family life; or they could struggle to keep the child at home within the family with few or no supports. Public support focused on an out-of-home placement model and did little to direct support to families to deal with the added stresses of parenting a son or daughter with a developmental disability. Many families relinquished control over the child's life to professionals, and in most situations family relationships were weakened and even terminated. Families were required to become a part of the social services system in order to receive services and supports for their children.

Today, attitudes are changing. Research shows that children who grow up in families thrive, develop, mature, and learn better, and that their self-esteem is greater. A stable, loving home is known to be one of the most important ingredients in a child's ability to learn. Despite the challenges, most families reject out-of-home alternatives in favor of continued care at home, especially during the childhood years.

The need for expanded supports to families has been identified as a Division priority. A comprehensive statewide program of family support was created through changes to Colorado statute during the 1991 legislative session. This program was designed to significantly expand the Family Resource Service Program which began as a pilot program to six families in the mid-eighties.

Some key features of the current family support program include the following:

- the use of a Family Support Council in each local area, comprised of individuals with developmental disabilities, their families, and interested professionals from that local community, to provide guidance and direction regarding implementation of the program;

- the development of a Family Support Plan (FSP), designed to address the needs of the entire family living in the household and reflect changes in those needs over time;

- the availability of a Family Support Consultant to work closely with the family to assist, as requested, in determining and obtaining services and supports to meet the family's needs.

When Paul was born prematurely seven years ago, his parents were at a loss as to where to begin. Paul has multiple handicaps and serious medical conditions. His parents took him home from the hospital when he was ready to be released at age 14 months. Paul remains at home today, living life much like any other seven year old. Nursing care assistance has helped to keep Paul healthier and out of the hospital. Other services and supports provide diapers, a specialized diet, prescription medications, a power wheelchair and an augmentative communication device. The family was assisted in their purchase of a van with a lift that enables Paul to travel routinely around town with them and to enjoy family vacations and camping trips. Paul attends school and has many friends who participate with him in activities. Sally Maxey, Parent.

Examples of specific services and supports which may be accessed through the program include: medical and dental expenses; additional insurance expenses; respite care and sitter services; special equipment, clothing and diets; home or vehicle adaptations and/or repairs; home health services and therapies; family counseling and support groups; recreation and leisure needs; transportation; homemaker services; and other services or supports outlined by the local Family Support Council in each area.

The Family Support Services Program is open to individuals of all ages and their families, and allows for a larger local role in program planning and decision-making. More families are able to benefit from the new program based on its flexibility in accessing the needed level and type of supports and services (e.g., families may potentially access extended support, time-limited support, respite care, or one-time/short-term/as needed support).

Future Direction

Increasingly, Colorado continues to move away from a traditional, provider-driven service system to one that enables families to participate and choose services and supports that best meet their needs and individual circumstances. Service and support systems are being designed so they are comprehensive, flexible, well-coordinated, family-centered, community-based, and integrated within existing community networks.

With the advent of Family Support Councils, there will continue to be increased input from the direct users of the services and supports. Families are at the center of decision making and provide valuable input about the direction and evaluation of services that are funded in both family support and respite care.

Because the family support program is designed to meet the unique needs of families, it is anticipated that creative and family-centered approaches to delivering supports to families will continue to be expanded. The use of direct subsidies to families may be the most effective and efficient means of providing support to some families. Strengthening natural support networks of families will continue to be a strong focus. The family support and respite programs will continue to be operated on the premise that families know what services and supports can best meet their needs.

Research shows that children who grow up in families thrive, develop, mature and learn better and that their self-esteem is greater. The lack of respite care for families of children with disabilities is still a barrier in Colorado to furthering family health and stability. All families encounter stress in daily living, but caring for a child with challenging needs, many of which require complex, 24-hour care, places additional and enormous physical, financial and emotional stresses on families. Physical stress on the parent is compounded as the child grows older. The lack of respite care has been identified as a contributing factor to the need for placement of children out of the home. The lack of respite for parents under stress has also been recognized as contributing to child abuse and neglect.

The purpose of respite care is to help families lessen stress and prevent exhaustion that can develop when a parent must care for a child with challenging needs long term. In many cases, respite used on a periodic or regular basis can prevent the need for crisis care or an out-of-home placement. Respite care services in rural Colorado, which geographically comprises well over half the state is minimal and badly needed.

During FY 1992-93, an interagency state-wide task force of families, providers and others met and recommended the components of a two to five-year plan for expanding respite care options state-wide. The Division prepared a state response to a federal request for proposals for respite care, funded under the Temporary Child Care for Children with Disabilities and Crisis Nurseries Act. This request for funding was successful and

hopefully will enhance respite options throughout the state over the three years it is funded. To offer expanded respite options, there are numerous respite care liability, training and coordination issues which still need to be addressed.

The Division is working closely with families of children and adults with a developmental disability and the service system to increase the availability of a coordinated system of respite care services for families. Respite Care is one of the most requested family support services for children and adults. In addition, there is a need to increase access to respite for families with a person having specialized needs, such as significant behavioral and medical needs. This type of respite care is not readily available in all parts of the state.

In 1993 the Division was approved for federal funding to promote respite options in the state. This project is guided by a state-level Steering Committee comprised of agencies, families and persons with disabilities who are representative of diverse ethnic and economic backgrounds as well as different service systems. Through this federal grant, there will be two phases of community-building respite pilot projects in approximately eight rural and urban communities statewide. The purpose of these projects is to promote the development of "natural" supports in the communities where families live, so those families have ongoing respite care and choices available. The community projects will identify and implement projects responsive to the needs of the community and build local coalitions of families and professionals to develop small community teams to "shake the trees" to locate and train community members in providing respite. The intent is to build an ongoing community respite capacity around the state.

This project promotes community connections and family-directed respite options by: (1) Increasing available respite options and building community capacity to provide respite to families currently without adequate options; (2) Developing a statewide respite training capacity to address common needs; (3) Increasing family access to respite resources; and (4) Developing and disseminating information about innovations in respite that increase cost-effectiveness and ensure its ongoing viability and expansion.

To maximize responsiveness and cost-effectiveness, the project features cross-pilot peer technical assistance, self-assessments, local advisory boards, and evaluation by families and persons with disabilities. A major focus is empowering families and enhancing family awareness of respite resources. State-wide respite care will be provided to a minimum of 250 families annually through the Division's Family Support Services Project, as well as additional families served through approximately eight community pilot projects.

The Division will also seek to provide children now in congregate settings with stable family alternatives, such as placement with alternative or adoptive families, co-parenting, stable long-term foster care or host homes, so they can grow up experiencing lasting family relationships.

"Chris is a child with serious multiple handicaps who spent the first five years of his life hospitalized and institutionalized. In March 1991 he moved to live with a family and now participates in the school life of a typical eight-year old. He has learned to use a computer and no longer uses his wheelchair. This year he has started walking independently. By holding a hand or furniture, he gets all over the house and even goes up and down stairs. He is now using oxygen only at night except when he is sick. Since his tracheotomy tube is plugged, he is using his voice and learning sounds and words. In this year's family picture, Chris fits in so well that people who have known him had difficulty picking him out." (Nancy Connor, Program Manager, Division for Developmental Disabilities).

The Division will continue to cooperate with other state agencies to reduce duplicative paperwork, streamline families' access to needed supports, and promote best practices among the agencies and staff serving families.

(2) **Early Intervention Services and Supports**

Early opportunities for children to maximize their development, learning and social skills through interactions with others are critical to a good start in life. If children with developmental disabilities are to be active participants and contributors in their communities throughout their lives, they need to experience inclusion, acceptance, friendship and stimulation early in their lives.

Early intervention is designed to enhance the capacity of families to meet the needs of infants and toddlers with developmental disabilities by minimizing the negative effects of a disability or significant developmental delay early in a child's life. Early identification and intervention are intended to promote maximum development, minimize the severity of a disability and the likelihood of an out-of-home placement, as well as enhancing interagency coordination and reducing future education costs.

Future Direction

Colorado will continue moving away from a center-based, segregated and often isolated service approach of providing early intervention services to infants and toddlers. Young children will receive services and supports in conjunction with other interventions provided to their families.

Early intervention services will serve children in typical places where other infants and toddlers are found, such as the family's home, day-care centers, playgrounds, churches and synagogues and other community settings. Rather than requiring the family to take the child to the services, the services will come to the child's natural environment. The

services will need to be flexible in meeting the needs of families with different lifestyles, cultures, schedules and priorities. Early intervention services to the child will need to encourage the involvement and participation of the entire family.

"The mother of a seven month old boy contacted us regarding the possible developmental delays that she believed were evident. Testing was provided and verified the mother's concern. There were significant developmental delays identified, up to four months, and a marked weakness of his left side. Occupational therapy intervention began immediately. The mother was taught infant massage and was instructed in other exercises to begin in the home on a daily basis. Therapists continued to work with both the infant and the mother. Progress was noted in bonding, attachment, and various aspects of gross motor and sensory integration within a few months. Now, at 20 months of age, he appears to be a healthy, normal little boy and is no longer demonstrating any symptoms of developmental delay." (Suzy Balliett, Occupational Therapist, Developmental Disabilities Center, Boulder).

Early intervention services and supports will recognize the family as the major caregiver for the child and parents as the key to planning for their child's needs. The family has much of the knowledge and information needed to determine how best to meet its child's needs. Parents should be able to choose from an array of services and supports, those that best meet the needs of the child with the least amount of disruption to the typical family routine. Professionals, e.g., teachers and therapists, need to share their knowledge with the family so the family can better support the child.

To maximize the use of state funds in providing services and supports to eligible infants and toddlers and to prevent duplication, the Division will continue to work closely with the Colorado Interagency Coordinating Council (ICC). The ICC is a state policy group appointed by the Governor, as specified in federal law, in order to establish, coordinate and increase the efficiency and effectiveness of early intervention services and supports provided by the Departments of Education, Health, and Human Services. The Division also supports the family center concept in Colorado and will require case management and local services and supports to be coordinated with these centers.

Good transition planning for children as they move to the public schools will also be critical. During the next five years, the Division will continue to work with other agencies and families to prepare for this transition.

(3) Case Management/Service and Support Coordination

Persons with developmental disabilities and their families often require some assistance in planning for needed services and supports and ensuring needed communication and

cooperation among the different agencies and individuals involved in their lives. Case management was conceived as a planning process for the individual and was an important step in moving away from a system comprised of congregate care.

Case managers facilitate access to the community service system and, from the perspective of some families and persons needing services, case managers hold significant amounts of power. Case managers know "the system" and often manage the distribution of finite services to the large number of people wanting those services.

Today, many families and individuals with developmental disabilities no longer want to be considered as a "case" nor do they want to be "managed". These same individuals are expressing a need to be in control of the decisions that affect their lives. Many families are endeavoring to become more informed, independent and empowered in working with the developmental disabilities system.

Future Direction

"Service and support coordination" is considered a clearer way to express the role that helping professionals can play in the lives of families. Rather than "professional management of cases", service and support coordination will focus on providing assistance, consultation or empowering individuals with developmental disabilities and their families to be "self-managers". Service and support coordination will continue to be important, especially when individuals and families receive services and supports from more than one agency.

Opportunities will be made available for those families who choose to provide their own service and support coordination. For those persons wishing professional assistance, that assistance will be provided with optimal participation of the families of children with developmental disabilities and adults receiving services and their families when they choose.

"Beginning in the early 1980s, the case management department at the Pueblo County Board for Developmental Disabilities began holding annual staffings for case managers, where consumers participate in critiquing case managers and in providing suggestions and input for annual goals and objectives to improve case management services. Consumers are included as integral team members on all interview committees involved in the hiring of case management staff. Consumer input in this process has been invaluable. This has worked so well that more recently, we have included persons served in interviewing all prospective staff who may work with consumers. We also have included two consumers who sit on our Board of Directors." (Jan Garcia and Jo Kountz, Pueblo County Board for Developmental Disabilities, Inc.).

Service and support coordination will be instrumental in facilitating successful life transitions for individuals. This includes transitions between agencies, such as graduation from the educational system to the adult service system, as well as transitions between Regional Center and community living.

(4) Residential Services and Supports

Since the 1970s, the number of individuals with developmental disabilities who live in large institutions has steadily decreased nationally. In Colorado, there was an 86% decrease in the number of persons living in large congregate settings on-campus in the state-operated Regional Centers between 1973 and 1993. There have been significant decreases in the percent of all individuals living in other large congregate facilities as well, including nursing homes and large Intermediate Care Facilities for the Mentally Retarded (ICFs/MR).

In the movement from a system that provided institutional services to a community system of services and supports, an array of residential alternatives developed. In the past, it was common practice for services to be developed for "homogeneous groups" such as the "medically fragile", the "behaviorally challenging", or for people with "moderate" or "intensive" needs. Residential services focused on providing supervision to a number of similar "clients", and almost all control was given to professional staff. It was also common for the array of services to be seen as a continuum through which persons with developmental disabilities progressed. As the person achieved a wider range of independent skills, that person would move to a "less restrictive setting".

The continuum model and homogeneous groupings failed for most persons with developmental disabilities, but most dramatically for persons with severe disabilities who often were confined for life to the most restrictive settings. Without typical peers to model behaviors and skills, persons with severe disabilities never moved to "less restrictive settings". For a person with a milder disability, it was quite possible to move numerous times before ever getting to live in their own home or with persons of their own choosing. Permanency was not a major consideration when planning for an individual. Most decisions about where to live, or with whom to live, were made <u>for</u> the person receiving services. The disruption and upheaval caused by the changes proved counterproductive to becoming familiar with and accessing the community.

The array of residential services currently provided through the Division ranges from the most typical settings (family homes and individual apartments), to the state-operated Regional Center campuses. Regional Centers are the facilities or programs operated directly by the Department of Institutions/Division for Developmental Disabilities which provide a combination of services to individuals with developmental disabilities, including residential services with 24 hour supervision, medical services, day programming, habilitation and recreational activities. For the most part, persons still residing at the

Regional Centers have the most challenging medical, behavioral and multiple needs of the people served throughout the state. The Regional Centers are supervised through the Division's Central Office.

Future Direction

Consistent with the Division's mission, new initiatives focus on promoting the development of smaller, typical supported living arrangements which foster full inclusion, choicemaking and participation in community life. This change allows for an increase in the number of individuals with developmental disabilities who live in typical homes in the community. They are able to live alone, with friends they choose or with their families, and are provided with assistance or supports, depending on their individual needs and wishes. The Division's vision is that all individuals with developmental disabilities will be able to choose among and access the same range of living options as individuals without developmental disabilities. This includes ensuring the availability of needed supports and assistance to access those options. The five-year plan goals and objectives are intended to reinforce this vision.

The Division is making deliberate and concentrated moves toward embracing the integration of services and supports while emphasizing a comprehensive, holistic approach in order to maximize services. This emphasis lends itself to the blending of residential and day services.

This new direction is in keeping with Community Supported Living Arrangements (CSLA) which is approved and funded by the federal government. This is a pilot program, and there are eight states participating, including Colorado. As an alternative to major Medicaid reform, Congress authorized coverage of Community Supported Living Arrangements (CSLA) services as an optional Medicaid state plan service. Under CSLA, Medicaid funds can be used to assist individuals with developmental disabilities to live independently in the community, either in their own homes or with their families. Implementation began in 1992, and CSLA development continues to increase across the state.

Historically, little opportunity has been afforded persons with differing abilities to practice making responsible choices or to exert control over their life circumstances. A key concept in CSLA services is participant choice and involvement. Self-advocacy training services are offered for adults who need support in order to make responsible choices and express personal preferences.

Today, David and Tom work in jobs in the community, earn wages, and pay a mortgage. David and his roommate Tom recently purchased a used mobile home using funds from their savings and some inheritance. In the past, David had lived for several years in one of the regional centers. They pay their mortgage from wages earned on the job. Their monthly expenses are $25.00 less than when they were renting. Their pride in ownership is obvious, as David expresses that he gets "to live here, no matter what". David and Tom are proud that they are able to purchase other items, such as the television set with a channel changer. Tom works caring for the lawns at Fort Lewis College and David works at the Humane Society Thrift Store. They now lead independent, productive lives. (Lon Erwin, Community Connections Inc., Durango, Colorado).

CSLA services are designed to address the common barriers to true supported living. While many individuals have been living in Colorado communities for some time, some persons have been living in isolation from those communities. Community integration services are an important component of the CSLA design. These services are used to assist participants to access and participate in typical activities and functions of community life.

In order to continue implementation of CSLA services in Colorado, it has been necessary, with few exceptions, to make a "philosophical leap" or "paradigm shift" from a model of supervision and control to a model of support and self-actualization for persons with developmental disabilities.

The CSLA participant is responsible for his/her room and board expenses. He/she has control over the living arrangement because he/she owns the home, apartment or condo, or rents or leases in his/her own name. Or, he/she lives with his/her family or legal guardian. Because the CSLA participant is actively involved in major life decisions he/she is in a position of empowerment. The opportunity for staff and participants to meet as equals, sharing responsibilities and decision making is enhanced.

There are often physical and technological barriers to greater independence and active community participation. The addition of assistive technology services and home modification services through CSLA can enhance the ability of persons with accompanying complex physical disabilities to access typical community activities and functions and live more independently.

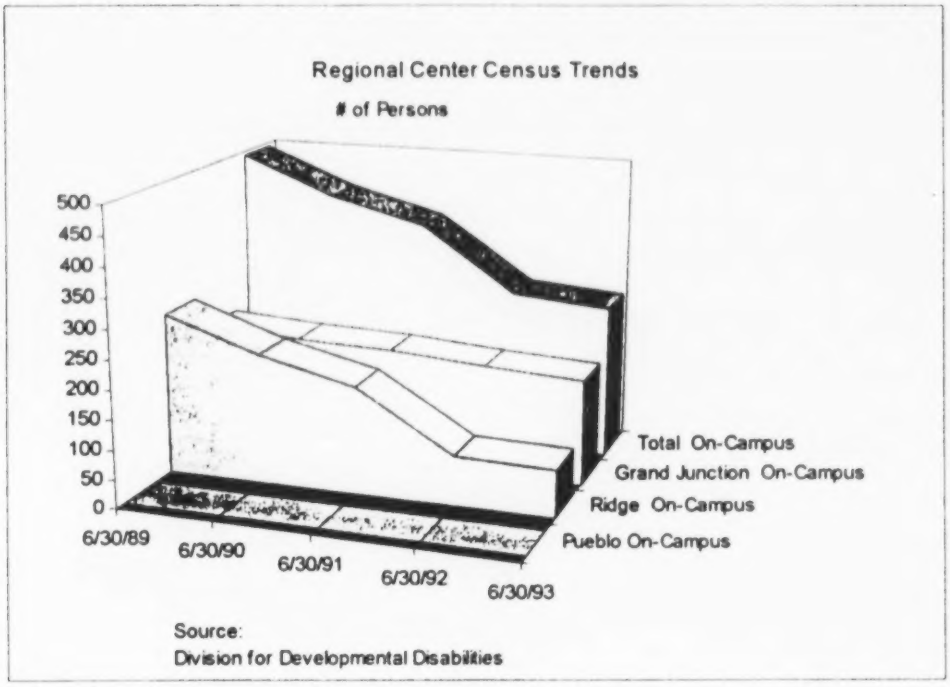
In order to encourage full inclusion and participation through typical community living arrangements, the Division intends to develop and offer incentives and needed assistance for the conversion of current congregate settings in the community so that all living options are better aligned with the Division's mission.

The Division will continue to implement the OBRA initiative, which is designed to provide community services and supports for individuals in nursing homes. This initiative includes appropriate community living alternatives for individuals who have been living in nursing homes as well as day activities in the community. This initiative also includes preventing individuals from being inappropriately placed into nursing homes.

"**We involved the nursing home staff in the** (OBRA) **planning process for each individual. More nursing home staff understand what we are doing and are providing support. We insist that each individual be present for the staffing process.**" (Joy White, Program Coordinator, Developmental Opportunities CCB).

Specifically in regard to the state-operated regional centers, we will continue to relocate individuals from the on-campus facilities to homes in neighborhood communities, thereby reducing the number of persons living in large residential settings. This should allow for smaller residential settings to accommodate the high proportion of residents who have multiple needs for supports and services, including 24-hour medical and behavioral intervention support.

There will be back-up beds available in each regional center to handle crisis and short-term emergency situations. Up to six vacancies have been set aside and reserved at each regional center to support the community system with short-term emergency situations. Admissions to regional centers will be focused on short-term evaluation, stabilization, and crisis support. The future role of Regional Centers in the overall developmental disabilities system continues to be reconsidered and redefined, in keeping with the Division's mission statement.



The proportion of individuals with developmental disabilities who live on regional center campuses has continued to decline in recent years.

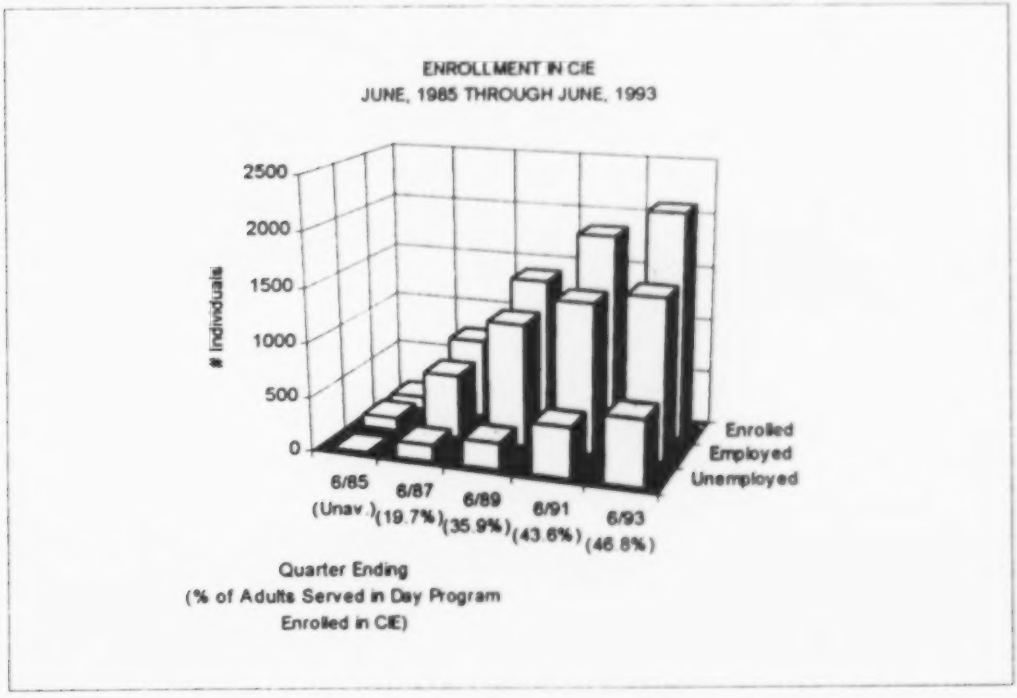
(5) Day Program Services and Supports

Day program services and supports evolved comparably to the historical development of residential services. Initially, the only day programs available for persons with developmental disabilities were in large, segregated, sheltered workshops and activity centers. Persons with developmental disabilities who had behavioral challenges or persons who needed assistance with toileting were often excluded from even these limited community services. Most professionals held very low community employment expectations for persons with mild to moderate disabilities, and expectations were non-existent for persons with more challenging disabilities. This was often based on the belief that businesses were unable to hire people with disabilities because the level of support needed by the individual to succeed in the job was unavailable outside a sheltered setting. We know better today.

Adults with developmental disabilities were purportedly prepared for "work" through pre-vocational training, "life enrichment" programs and other readiness experiences. Many individuals spent their lives in segregated settings supposedly "getting ready for the community" or "preparing for a real job", without any experience in the "real world". Most individuals with significant disabilities never had the benefit of any sort of training. We learned that very few people leave a sheltered setting once placed, regardless of the training provided.

In June 1984, the Division implemented an initiative designed to encourage community service providers to seek Community Integrated Employment (CIE) opportunities for individuals traditionally served in sheltered work environments. By January 1988, all 20 Community Centered Boards in Colorado were providing community integrated employment as an option. CIE offers opportunities for individuals with developmental disabilities to engage in regular, paid work in typical businesses, alongside people without disabilities.

Community Integrated Employment is based on the belief that all individuals, regardless of level or type of disability, should have the same range of opportunities to engage in regular paid employment as workers without disabilities. This includes access to supports that are needed to ensure that individuals are able to make personal choices and decisions about their careers and jobs; to enable them to build and maintain relationships with others in and beyond the workplace; and to enable them to respond and contribute to the demands of the workplace.



As of June 30, 1993, 2,092 persons were enrolled in state funded Community Integrated Employment (CIE). This represents 46.8% of all persons enrolled in adult day programs. The percent of adults in day programs who are enrolled in CIE more than doubled between June 1987 and June 1993.

The current day services funded through the Division range from the most desired option, which is competitive employment in the community, to "intensive habilitation" and "basic skills" programs. Even with the positive expansion of services towards community employment, many current services still carry overtones of the past, e.g., segregated settings, homogeneous groupings, a continuum or readiness model of service and a heavy reliance on supervision and control by professional staff.

Future Direction

The Division encourages work and alternative day time community activities for individuals with developmental disabilities that offer opportunities for inclusion in the same types of activities as individuals without disabilities.

The intent is to enable individuals to experience valued adult roles, make increasingly responsible choices and build a range of personal relationships in typical workplaces and other regular non-segregated community settings; and to increase the use of assistive technology to overcome previous barriers to community employment and participation.

Nancy is a 57 year old very sociable woman who worked in a sheltered workshop for 27 years. A month after she obtained a job at the local YMCA doing office work, she fell in her apartment and broke her neck. Her employment consultant informed her boss at the YMCA and it was decided that the job would be held until her recovery. This news lifted Nancy's spirits and helped her through the next eight months of a difficult recovery. Even though Nancy had been employed for a short time, she received many calls, cards, flowers and visits from her supervisor and co-workers. They even had a birthday party for Nancy in the hospital. Nancy is very weak and uses a wheelchair for mobility. A co-worker at the YMCA is supporting Nancy and has adapted her job so that she can do tasks such as operative an electric stapler. Employees and patrons all agree, the "Y" is a better place to be because of Nancy's contribution and Nancy loves her new found life in the community. (Cathy Franchini, Employment Consultant, Boulder County, Enterprises, Inc.)

Community Integrated Employment has grown tremendously in Colorado and will continue to be a future priority. Some areas of focus for enhancing CIE in the next five years will include improving job and career path options on the basis of individual choice; enhanced transition planning for individuals who are exiting the public schools; increased utilization of natural, non-stigmatizing support techniques, improved consultation in instructional technologies, job accommodations and effective communication in order to increase employers' abilities to provide employee assistance

and support, and an increased focus on offering a greater variety of community work experiences to enhance individuals' abilities to make informed choices.

When developing a job for Mary, an extremely social person who loves to shop, we focused on a large department store which is very people oriented. The job development process focused on treating the new employee as naturally as possible. When Mary started the job, a co-worker took her under her wing and away from her employment consultant. This allowed us to focus on general problem-solving and supporting Mary in establishing relationships with her co-workers and supervisors. Mary's social skills have enabled her to make new friends. In addition, this job represents a desired area of interest for Mary. (Renee Drouet, Employment Consultant, Boulder County Enterprises, Inc.)

It has been affirmed that some persons with disabilities may not choose to be employed even when they are given the opportunity to work with necessary supports. Particularly, aging adults with developmental disabilities should have the same options as older adults without developmental disabilities, including the option to retire from work. Individuals without developmental disabilities generally make choices about alternative activities to work when they become senior citizens. Retirement alternatives generally allow individuals to participate in relationships and experiences which they choose and which they may not have had time to enjoy earlier in life.

In 1990, the Division created a service option for seniors with developmental disabilities living in nursing homes called Services for Retirees (SFR). SFR provided opportunities to experience and participate in activities that are commonly valued by older adults. These included volunteer or part-time work, participation in church activities, exercise, continuing education, dancing, crafts, games, community excursions, concerts, gardening, library activities, therapies, meal sharing, hobbies, activities with friends and neighborhood clubs. In the future, we will continue to emphasize the use of existing community resources by people with developmental disabilities which are also available to seniors who do not have disabilities.

Also in 1990, Community Support Services (CSS) program was designed for individuals living in nursing homes who were previously not being served. Most of the CSS participants had not received more than custodial care for their entire lives. These individuals never benefited from P.L. 94-142, the Individuals with Disabilities Education Act, or other means of intervention. As a result, they were considered to be some of the most significantly disabled and forgotten people. Finding a "typical" alternative for adults who do not have employment as an important focus of their lives is indeed challenging. CSS offers opportunities for individuals to engage in activities which build personal relationships and allows them to contribute their competencies and talents in the community. The services enhance personal growth by allowing individuals to make their own choices and decisions, thereby improving their overall quality of life.

In 1993, SFR and CSS were broadened to other populations and collapsed under Community Participation services, now available under both state funding and the Medicaid Home and Community-Based Waiver. Community participation services and supports provide the individual with developmental disabilities access to and participation in typical activities and functions of community life that are desired and chosen by the general population, including activities of work, community education or training, and retirement activities. However, services do not have work as a primary focus for the individual.

Lewis is an usher at a movie theater. He required very little training to learn this job. Natural supports started the first day Lewis was at work when the manager assigned a co-worker to "show Lewis the ropes". Lewis learned his job from his co-workers. His manager says that Lewis is one of his best employees and does a wonderful job. Lewis has now worked at the movie theater for two years. Follow-along support consists only of assisting Lewis when an occasional problem arises. Lewis's co-workers treat him as they treat each other while providing him with the extra support he sometimes needs. They work with Lewis around his bus schedule and his speech therapy. His co-workers like and respect him. One of the great things about Lewis's job is that the natural supports were already there and did not have to be created. Shelly VarderLandwehr, Employment Consultant, **AVATRAC**, Aurora, Colorado).

Like CSS and SFR previously, Community participation services and supports encompass many types of activities designed to assist individuals to access the community and to develop typical relationships with peers who do not have disabilities and/or utilize natural community settings.

Access to assistive technology is another important future emphasis impacting day services and supports. Many individuals with significant disabilities have never had the opportunity to express personal preferences or to make choices. Something as simple as an environmental control switch or as sophisticated as a custom-built wheelchair can allow persons greater control over their life circumstances. Continued efforts will be made to address barriers to full community inclusion and participation as advances are made in the field of assistive technology.

To accomplish the expansion of opportunities for supported work and alternative community services and supports, the Division will also continue to identify strategies and to explore incentives for the conversion of congregate, segregated programs to better align them with the overall mission and the intent of full community inclusion.

(6) System Infrastructure and Administrative Services

In the past, the infrastructure of the developmental disabilities system was designed to support a congregate service model. The Regional Centers and other institutions were self-contained communities for persons with developmental disabilities, complete with their own transportation fleet to carry residents back and forth among the campus buildings.

In community programs, most administrative and support services were also centralized because individuals with developmental disabilities were brought to a single location to receive "care and treatment." It was not unusual to find the infant stimulation program located in the same building as the adult sheltered workshop and administrative offices of the service provider. A segregated system of transportation was provided to persons in service with well defined routes between the group homes and the sheltered workshop. Staff development and training focused on "specialized approaches" to serving persons with disabilities. Only professionals in the developmental disabilities field and special education were looked to for expertise, because the community was generally not seen as a resource.

Today, the emphasis on community inclusion in all aspects of programming has caused the centralized infrastructure to be questioned. Adults working in the community are no longer employed between the traditional workshop hours of 9:00 a.m. and 2:00 p.m. weekdays. There is tremendous variety in both work schedules and locations. Additionally, persons with developmental disabilities are living in their own homes or their families' homes in scattered locations.

The bus to Roy's job stops about a mile from his workplace. Virginia picks him up there every morning and drops him off there on her way home. Probably because of their chats in the car, Virginia is the person Roy talks to at work when he is feeling scared. If he can find Virginia, he has an easier time sticking with the job. (Excerpted from the APSE Newsletter, Vol. 4, No. 4, December 1993)

Persons in service want to access the same modes of transportation as persons without disabilities. Persons with developmental disabilities need to carpool to work with friends, family, and co-workers, use public transportation systems, and avoid the stigmatization associated with a segregated fleet of large vehicles. The community is beginning to be seen as having a wealth of information and expertise, and staff are called on, like never before, to individualize their approaches to persons in service and to arrange and utilize natural support options.

Future Direction

The Division is committed to focusing its efforts and resources on the activities, services and supports most likely to advance the mission. This means furthering the quality of

administrative services and making changes needed to strengthen the individualized focus outlined in the mission and five-year goals.

These alterations require fundamental changes in the way service delivery systems are organized. The organizational structures which were put into place with many centralized services are not the same organizational structures that are needed for a system evolving into an individualized and decentralized system. The old systems are not a good fit with the "paradigm shift" that is occurring.

In order to fully implement the Division's mission, all components of the system must support, model and contribute to the overall direction. The infrastructure or framework for furnishing services must be changed from the "slot-based", continuum of care systems that emerged during the 1970s and 1980s to more flexible systems that employ specialized services as complements to, rather than replacements of, generic services and natural supports. The accounting, personnel, and management systems as well as all other systems will need to support the evolution towards an individualized approach to services in multiple and dispersed locations. It is time consuming to develop individual services and to assure that they are successful over time. This evolution requires that systems of accounting and personnel management change as services shift towards a more individualized approach and new demands and challenges are placed on these systems.

As services and supports continue to be linked with community resources outside the developmental disabilities system, greater emphasis will need to be placed on the coordination of services and supports. Increased choices for persons with developmental disabilities and their families will by definition translate into increased numbers of service options.

The ongoing implementation of more individualized service delivery models has heightened the need for innovative approaches to quality assurance. These changes need to emphasize a partnership between local agencies and state government. This is a transition from the typical government regulatory system of "licensing, certifying and conducting quality surveys" to a system which fully supports persons receiving services, their families and local providers in their respective roles of evaluating and impacting the quality of their services and supports. The Division will continue to maintain its ability to assure basic health and well-being of persons as well as assuring compliance with relevant federal and state statutory requirements.

Quality assurance resources are being shifted to emphasize use of outcome-based evaluations. Family Support Councils (comprised mostly of family members and people with disabilities), CSLA monitoring boards, consumer satisfaction surveys and agency self-assessments are being used to provide more meaningful information on the quality of services and to assist in continuous quality improvement.

The role of state monitoring for quality assurance will be evolving from one that was centered on enforcing compliance and providing technical assistance as time allowed, to one that is primarily assisting local agencies as they assure their own compliance and improve their own quality. Although diminished, the state will not completely relinquish its role of surveying for compliance. The goal is to develop a process that will, over time, strike a much healthier balance between state and local control.

Development of a Developmental Disabilities Center quality assurance process began during FY 92-93. Case management is increasing its time in program evaluation and service agency quality control. A Project Coordinator has been hired to coordinate the quality assurance and program evaluation process for service agencies, as well as to assist service agencies in finding, developing, and/or sharing resources to improve their overall performance as service providers in a cost effective manner. (Quoted from Developmental Disabilities Center, Boulder, Colorado, Annual Plan, 1993-1994).

Consistent with the restructuring for the Department of Human Services, there is a strong focus on the use of total quality improvement methods. This shift will need to continue to place emphasis on the value of the customer (the person receiving services and supports) and the customer's satisfaction regarding the quality of supports and services. Several basic pre-suppositions or guiding principles to accomplish this change include: (1) a quality assurance system which acknowledges that quality is ultimately defined by the customer; (2) a quality assurance system that must continually strengthen internal quality controls and build local capacity in quality assurance; and (3) a quality assurance system that drives quality improvement.

A key to these developments has been the implementation of approaches that include persons receiving services and build capacity within local communities. Therefore, community members are empowered and supported to influence the quality of services in a manner in which continuous quality improvement principles can be employed. The implementation of collaborative community centered board surveys and the implementation of self-survey methods with community service agencies are expected to enhance the role of local communities in quality improvement efforts.

As implementation of the Americans With Disabilities Act becomes more comprehensive and widespread, there will be significant progress in removing barriers to the community for persons with disabilities. However, in order to achieve full community participation and inclusion, training and staff development efforts will need to focus on giving consultation to generic service providers. The expertise of the "specialized" service system will need to be blended with the knowledge and expertise of "typical" community service providers used by the general public.

CRITICAL ISSUES FACING THE DEVELOPMENTAL DISABILITIES SYSTEM

This section of the five-year plan identifies some of the most critical issues for the Colorado developmental disabilities system. These issues represent a combination of challenges and responsibilities that must be addressed. The Division and the developmental disabilities system must work proactively to balance realities with the actualization of the mission statement. These critical issues and pressing realities, of necessity, will demand a considerable portion of total resources and innovative and creative new ways of operating.

Continued Implementation and Expansion of Supports for Families

A key component of the Division's five-year plan for the developmental disabilities system involves continued development and implementation of comprehensive state-wide support options for families to assist families to be strong and nurturing. The Division will continue to support local service areas in implementing the Family Support Services Program to promote the long-range success of this program.

In 1993 and 1994, the Division submitted two Medicaid Model Waivers for children with developmental disabilities. Both waivers will assist in accessing medical services funded through Medicaid. These children would otherwise be ineligible for Medicaid because of parental income. The **Children's Medical Services Waiver** is intended to provide Medicaid benefits to children with developmental disabilities (or delays for children less than 5 years of age) who are at risk of hospital or nursing facility level of care and would otherwise be ineligible for Medicaid because of parental income. This waiver will provide case management services and access to a Medicaid card for these children. Many of the children who will be served under this waiver are currently on the waiting list for the Department of Social Services' Model 200 Waiver.

The **Children's Extensive Supports Waiver** is designed to provide Medicaid benefits and a vast menu of additional identified services and supports to those children with developmental disabilities (or delays for children less than 5 years of age) who are most in need because of the severity of their disabilities. Many children with developmental disabilities have very intensive behavioral needs and are at significant risk of institutionalization. It is important that families get the supports and services they need to enable them to continue to care for these children at home and prevent out of home placements.

Adequate transportation is also critical to the realization of the Division's mission. Transportation is a crucial link allowing individuals receiving services to move between their homes and appropriate day programs and leisure and recreational activities. Being able to fully participate in these activities and programs is imperative to successful inclusion. Without adequate transportation, a person may be prevented from holding a job in the community or participating in other activities. Transportation has become increasingly complex, and in some situations more costly, as a greater number of individuals participate in the community at varying times and locations.

Public transportation is utilized where available, but many parts of the state lack even a basic public transportation system for their citizens. Individuals who require accessible transportation pose a greater challenge because their options are even more limited. The reimbursement mechanism for transportation used today is not adequate to address the evolving system of transportation services and needs to be revised.

Community Waiting Lists

In a time of scarce and diminishing resources, waiting lists for community services continue to pose challenges to people with developmental disabilities and their families, as well as the Division and the service system. Funding has not kept pace with the growing need for services and supports. Recent data illustrate that the number of people waiting for services and supports, how long they must wait to receive needed services and supports, and the urgency of needs are all rising at an alarming rate, while total community system capacity to meet these needs has grown much more slowly. Even with new appropriations, reality has dictated in recent years that most newly appropriated community resources must be used to address emergencies. Failure to provide services and supports when needed has a strong negative impact on the individuals waiting for services and their families, and often results in crisis situations.

For example, experience has demonstrated that people who graduate from the education system and are placed in community integrated employment (CIE) immediately after graduation have higher job retention rates than those experiencing a delay in placement. Delays may also result in higher costs to taxpayers if retraining is required.

Waiting for needed services also creates severe stresses on the families of people on the waiting lists. A majority of those waiting have lived with their families their entire lives. In many cases, their parents are now aging or ill and are finding it difficult to continue in their current roles indefinitely. This is particularly true when the individuals involved have behavioral or other complex needs.

The Division will continue to prioritize the identification and implementation of new approaches to address the continuing increases in the community waiting list. In addition to pursuing increased funding through the yearly budget request and appropriations process, the Division will attempt to meet the needs of those on community waiting lists by expanding community services and supports through the CSLA initiative and providing needed relief to individuals and their families through the expanded family support program and respite care. Implementing new approaches to support, described in the "Current and Future Directions" section of this plan, implementing a revised Medicaid waiver and developing new or expanded waiver services are priority initiatives which are also designed to address the waiting list.

In FY 1994-95, the Division will be exploring the merits of a capitated or "managed care" system of service delivery as another way to address the needed expansion of services to more people.

Restructuring of Health and Human Services

There are increasing demands on human service programs in Colorado as well as demands for increased accountability from these programs. In the past, the response was to "tinker" rather than to attempt broad, coordinated changes. This strategy often produced fragmented systems and disjointed services.

During the 1993 legislative session, House Bill 1317 was enacted. It abolishes the current Departments of Institutions, Social Services (except for Medical Assistance), and the Division of Alcohol and Drug Abuse and consolidates these departments into a new Department of Human Services. Medical Assistance, the medically indigent program, the Health Data Commission and Long-Term Care are combined into the new Department of Health Care Policy and Financing. The restructuring plan to create the Department of Human Services will be implemented in FY 1994-95. A great deal of work will be needed to proactively impact and address the ramifications of this legislation on the developmental disabilities system of services and supports. Changes in the departments become effective on July 1, 1994.

The concept of "re-engineering" is a way of "starting over" and is central to restructuring and to creating the new Department of Human Services. Re-engineering is seen as an essential tool for surviving and thriving in a rapidly changing world. It focuses on the basic business processes that cut across the total organization. By emphasizing processes, goals and the customer, it is possible to find new ways to improve (re-engineer) the way things are done.

Life Transitions and Continuity of Services and Supports

The Division recognizes the vital need to promote effective, cooperative relationships at the state and local levels to improve continuity of services and supports for individuals who face life transitions. There is a focus on transition planning for infants/toddlers moving into public preschool services; transition planning for students moving into adult services and supports; facilitating access to adult programs for children aging out of foster care; facilitating transition planning for people moving between institutional and community programs and accessing generic programs for older persons with developmental disabilities. The Division will continue to work on transition initiatives in all of these areas.

Downsizing Regional Centers

The Division supports and promotes continued downsizing of congregate and segregated living arrangements for persons still being served apart from the community on regional center campuses. On-campus residential units will be downsized in the coming years and persons moved to more individualized living environments in the community.

FIVE-YEAR GOALS AND OBJECTIVES

The mission statement, key operating principles and major issues now confronting the system prompted the Division to adopt five major goals and related objectives for the five-year plan in July 1991. The objectives listed under each goal are more specific statements of how these goals will be met. The review of the goals and objectives which follow has just been completed for the third year of the plan. Update/revision of the objectives under each goal has been finalized and the following represents the updated objectives for fiscal year 1994-1995. This is part of the Division's regular yearly update/revision process, outlined in Appendix A.

These goals and objectives are intended to set the basic direction for the system, including working to obtain needed resources to support that direction and offering the additional guidance and support the system may need to be successful. Local communities and agencies will continue to provide the critical link between our mission and principles and what we hope will be the future reality.

GOAL #1: SUPPORTING FAMILIES AND CHILDREN

Develop comprehensive statewide support options for families of individuals with developmental disabilities so that families are strong and nurturing and children with developmental disabilities can remain at home.

OBJECTIVES FOR FIVE-YEAR PLAN:

1. Develop and implement a state-wide family support program (including a coordinated system of respite care).

2. Develop and implement Division for Developmental Disabilities (DDD) Model Waiver applications to assist in meeting the needs of Colorado families.

3. Develop and expand the early intervention services and supports for infants, toddlers and their families provided through the Division for Developmental Disabilities system and coordinate those services/supports with other statewide initiatives related to children and families.

4. Provide children now in congregate settings with stable family alternatives, such as placement with alternative or adoptive families, co-parenting, stable long-term foster care or host homes, so they can grow up experiencing lasting family relationships.

5. Continue coordination discussions with the Division of Child Welfare to clarify the responsibilities of Division of Child Welfare and the Division of Developmental Disabilities pertaining to services to children with developmental disabilities and their families.

GOAL #2:
HOME, WORK AND SOCIAL LIFE

Offer a wide variety of support options so that people with a developmental disability are able to make choices about:
lasting personal and social relationships;

contributing to and participating in their communities;

emancipation to adult life;

where they live;

an active and full work life; and

accessing a variety of lifelong learning opportunities to enhance basic skills and personal growth.

OBJECTIVES FOR FIVE-YEAR PLAN:

1. Continue expansion and refinement of CSLA and Supportive Living options statewide.

2. Review program models to assure that they are consistent with the mission and achieving desired outcomes.

3. Review the quality assurance process and revise it, as necessary, in order to maximally support the mission and new program models.

4. Continue to ensure the COPAR form reflects changes in service philosophies, paradigms, and other information needed to provide outcome information relevant for decision making and program evaluation.

5. Provide appropriate services and supports to individuals currently waiting for services by developing a broad range of low-cost support options.

6. Develop incentives and needed assistance for the transition from existing to preferred models of service and support.

GOAL #3: COMMUNITY INFRASTRUCTURE

Augment the community service system infrastructure in order to enhance the quality of services provided to individuals with developmental disabilities.

OBJECTIVES FOR FIVE-YEAR PLAN:

1. Improve and expand Division training initiatives in order to enhance staff capacities, and improve the overall quality of services to people with developmental disabilities and their families.

2. Foster needed community service expansion and Community Centered Board stability by developing plans and budget requests to provide:

   - appropriate reimbursement for start-up costs related to new services and programs.
   - adequate resources for transportation services and to improve coordination among transportation providers.
   - sufficient funding for Community Centered Boards to perform essential operations.
   - annual cost of living increases for community programs.
   - funding for individuals being served that is commensurate with their characteristics and needs and which is adequate to meet the requirements in regulations and guidelines.
   - needed supports and resources to meet the short-term crisis needs of individuals with developmental disabilities.

3. Develop a funding system which enhances the ability of community service providers to successfully recruit and retain qualified staff by offering stable and competitive salaries.

4. Redesign current data systems to better meet community needs.

5. Maximize the utilization of all available resources by developing information and training opportunities for the community.

GOAL #4:
TRANSITIONS

Promote effective, cooperative relationships at the state and local levels to improve continuity of services and supports for individuals who face life transitions.

OBJECTIVES FOR FIVE-YEAR PLAN:

1. Continue to coordinate with the Department of Education to assist with planning for the transition of graduating students from the public schools to Division adult day services where needed.

2. Facilitate access to Division adult services by making the transition of young adults from foster care an ongoing budget and service priority.

3. Facilitate access to generic aging services for older persons with developmental disabilities.

GOAL #5:
SYSTEM EVOLUTION AND IMPROVEMENT

Work with local communities and other service systems so that individuals with developmental disabilities have access to the full range of opportunities, services and supports available to people without developmental disabilities.

Design and implement viable plans to align current service options with the previously stated goals.

OBJECTIVES FOR FIVE-YEAR PLAN:

1. Build the community service system's capacity to address the specific needs of individuals who are also identified as having major or psychiatric/behavioral needs.

2. Continue to offer quality behavior pharmacology clinics and psychiatric consultative services.

3. Improve services to individuals with developmental disabilities who are involved with the legal system.

4. Improve services to people with developmental disabilities who have physical challenges and/or high medical needs.

5. Improve access to adaptive equipment, augmentative communication techniques and assistive technology for people served by the developmental disabilities service system in order to increase their community inclusion and participation.

6. Continue to manage Regional Center on-campus census reduction and continued certification.

7. Improve services to people with developmental disabilities who currently live in nursing homes through continued implementation of the OBRA initiative.

8. Provide incentives for and assist in the conversion of congregate settings to better align these services with the Division's mission.

9. Participate in activities designed to restructure state government.

10. Identify and take necessary actions to bring the Division and its service system into compliance with the requirements of the Americans with Disabilities Act.

11. Increase the personal security and safety of individuals with developmental disabilities by developing internal CCB quality assurance systems.

12. Increase the capacity of the Central Office to effectively manage an expanding and decentralized community service system.

13. Revise the planning process and planning documents guiding the Division for Developmental Disabilities service system in response to emerging system needs.

14. Investigate and implement innovative approaches which allow individuals with developmental disabilities and their families greater control over services and supports.

APPENDICES

APPENDIX A

DIVISION FOR DEVELOPMENTAL DISABILITIES PLANNING PROCESS

PLANNING PROCESS

The major impetus for development of this plan is CRS 27-10.5-103, as amended. This statute calls for the Executive Director, subject to available appropriations, to carry out the following duties:

> "Prepare a statewide plan for the provision of services and supports for persons with developmental disabilities based upon input from persons with developmental disabilities, their families, community centered boards, service agencies and other interested persons. The statewide plan shall consider state and local needs."

The development of this plan began in the fall with the completion and review of the local Community Centered Boards' annual plans. Local Plan Review Panel members representing persons receiving services, family members, representatives from various public and private agencies, advocacy agencies and Division staff, reviewed, analyzed, and commented on these plans. Division staff then met along with representatives from CAPRA, CACCB and the Regional Centers, and identified and prioritized issues recommended for inclusion in the plan for the coming year (FY 1994-95) and/or the following year's budget request (FY 95-96). Comments and information obtained at the public forum held in April, 1994, and sponsored by the Division, also provided input into the plan. Other discussions with Community Centered Board directors, advocates, families, individuals receiving services and supports as well as other stakeholders were held and were also incorporated in developing the plan.

The Divisions planning process is closely tied to the budgetary process, as can be seen in Exhibit A-1. That exhibit illustrates significant points in the year for both the planning and budget processes and demonstrates the critical impact planning has on the allocation of resources.

EXHIBIT A-1

DEVELOPMENTAL DISABILITIES SYSTEM SAMPLE: PLANNING (for FY 94-95) AND BUDGET PROCESS (for FY 95-96)

PLANNING/DESIGNATION PROCESSES

Service Area Issues and Needs Analyzed and Consolidated
(Includes IPs, CORE Data, Waiting Lists, Surveys, Forums)

Service Area Plans
(To Division by November 1)

CCB Plans/Other Information Analyzed/Consolidated
(Jan.-Mar. 1994)
Division Issues List/Management Analysis (April 94)
CCB Designation (for the coming fiscal year)
Division Five Year Plan Updated (June 94)
Division Individual Workplans (June 94)

Division (DMH, DDD, DYS) Plans Analyzed and Consolidated
(June 1994)
Department of Institutions Financial Plan (June 1994)
Department of Institutions Annual Report (FY 93-94)
(June 1994)
Department of Institutions Strategic Plan (FY 1994-95)
(July 1994)
DOI Management Plan (FY 1994-95)
(July 1994)

Quarterly Updates to FY 1993-94 Management Plan
(Sept. 94, Dec. 94, March 95, June 95)

BUDGET/ALLOCATION PROCESSES

Public Forum held to solicit input on Budget and Other Issues (April 1994)
Division Identifies/Prioritizes Budget Issues for FY 95-96
(March-May 1994)
Division Prepares FY 1995-96 Budget Issue Briefs/Submits to Department (May-June 1994)

Division Budget Issues Approved/Disapproved By DOI
(June 1994)
DOI Prioritizes Budget Issues across Divisions
(DDD, DYS, DMH, EDO)
(June 1994)
DOI FY 1995-96 Budget Issues Finalized
(August 1994)

Budget Issues Submitted to Governor/Office of State Planning and Budgeting (August 1994)
OSPB Analyzes/Revises/Prioritizes All Department Requests (August-Sept. 1994)
Legislative Budget Request (Governor) Finalized (Oct. 1994)

Legislative Budget Request Submitted to Joint Budget Committee (Nov. 1, 1994)

Legislative Review/Approval of Final State Budget
(Nov. 1994-March 1995)
DOI Final Budget (June 95)

DDD Allocates FY 95-96 Resources to CCBs/Service Areas
(New Resources for Waiting List and to Address Other Needs)
(by July 1, 1995)
CCB Contracts (FY 95-96) (June 1995)
CCB FY 95-96 Operating Budgets (July 1995)

Dates may vary slightly year to year.

APPENDIX B

COLORADO DEVELOPMENTAL DISABILITIES SYSTEM

COLORADO DEVELOPMENTAL DISABILITIES SYSTEM

This appendix provides a brief overview and perspective of the Colorado developmental disabilities system. It describes who is being served and supported and the services and supports being provided by the Division for Developmental Disabilities system.

Who Do We Serve and Support?

The Colorado Division for Developmental Disabilities is responsible for funding and providing services and supports to individuals with developmental disabilities as specified in Colorado statute (CRS. 27-10.5, as amended). Any person may request a determination of eligibility for developmental disabilities services or supports.

In Colorado, a developmental disability must be manifested before a person reaches twenty-two years of age, and it must constitute a substantial handicap to the affected individual. It must be attributable to mental retardation or related conditions, which result in impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation.

A child with a developmental delay is a person less than five years of age with delayed development or who is at risk of having a developmental disability as defined by the Department of Institutions.

For state funding purposes, a person with a developmental disability is an individual (including a child) who has been determined by a Community Centered Board to have a developmental disability.

What is the System of Services and Supports?

The Department of Institutions/Division for Developmental Disabilities has primary responsibility for services and supports to individuals with developmental disabilities in the state of Colorado. The Division is responsible for services provided through three state-operated Regional Centers and 20 Community Centered Boards.

Division for Developmental Disabilities Central Office

The Divisions Central Office is responsible for a broad range of administrative and programmatic activities which support the effective and efficient provision of services and supports for individuals with developmental disabilities. Major administrative and operational responsibilities fall under four sections:

- **Management Services**
- **Planning and Program Development**
- **Program Operations**
- **Program Quality**

Section responsibilities are summarized in Exhibit B-1 below. All four sections contribute to the accomplishment of the mission, goals and objectives in the five-year plan, as well as ongoing operational activities.

EXHIBIT B-1

DIVISION FOR DEVELOPMENTAL DISABILITIES
CENTRAL OFFICE

MANAGEMENT SERVICES The Management Services (MS) Section is responsible for financial management, which includes accounting and budget, Administration of the Medicaid program, administrative support services and community transportation program administration.	PLANNING AND PROGRAM DEVELOPMENT The Planning and Program Development (PPD) Section is responsible for designing and redesigning programs and ensures the overall direction for the developmental disabilities system is consistent with the Division's mission and operating principles. General areas of PPD responsibility include planning, program development, system wide training, legislation, policy/rules and regulations development and revision, program evaluation and information services.
PROGRAM OPERATIONS The Program Operations (PO) Section is responsible for managing and supporting the delivery of community services to persons with developmental disabilities. The PO Section has critical responsibility for the following: allocation of community funds; technical assistance, problem solving the resolution of barriers and other day to day issues; behavioral consultation and training; and facilitating the movement of persons from large congregate facilities to smaller more individualized services.	PROGRAM QUALITY The Program Quality (PQ) Section is responsible for monitoring and reviewing practices of the CCBs and service agencies. These functions are critical to ensuring basic security, safety and quality of life for individuals with developmental disabilities.

Community Centered Boards

Colorado established a state-wide system of local Community Centered Boards in 1963 to provide services in the community. The CCBs are private corporations (for-profit or not-for-profit) designated by the Division and responsible for community services and supports within 20 designated service areas statewide.

The CCBs are the single point of entry for persons desiring services or supports from the developmental disabilities system in the community (see map and list of CCBs in Exhibit B-2). They are authorized to determine eligibility of persons within their service areas and provide authorized services and supports to eligible individuals. Their functions include needs assessment, planning, coordination of service delivery, and the provision of authorized services and supports either directly or by purchasing them through service agencies.

CCBs are encouraged to purchase services and supports from service agencies in order to increase the choices available to people with developmental disabilities and their families. Other state agencies and departments, including the Department of Education, the Department of Social Services, and the Department of Health, also provide community services and supports to people with developmental disabilities.

State Operated Regional Centers

State-Operated Regional Centers are facilities or programs which provide intensive services to individuals with developmental disabilities. They are supervised through the Division's Central Office. These institutions provide a myriad of services: residential, day programming, habilitation, medical, 24-hour supervision, training and behavioral intervention.

There are three Regional Centers in the state, located in Wheat Ridge, Grand Junction and Pueblo. The Wheat Ridge and Grand Junction Regional Centers include on-campus residential units and state-operated group homes in the community. The individuals served by the Pueblo Regional Center reside only in state-operated community group homes. Pueblo's campus closed in the mid-1980s when they downsized and moved all residents from the on-campus facilities to state-operated eight person group homes. This allows the Pueblo Regional Center to better accommodate people with significant support needs who require near total assistance with eating and self-care, as well as improving the ability to meet the needs of individuals with behavioral challenges. The Wheat Ridge Regional Center has undergone a major deinstitutionalization process. Currently, 60% of the persons served at Wheat Ridge Regional Center live in eight person group homes in the community. The Grand Junction Regional Center has not yet begun a funded census reduction initiative. All three regional centers have set aside up to six beds specifically to provide short term emergency/crisis support to the community system.

EXHIBIT B-2

COLORADO COMMUNITY CENTERED BOARDS AND THEIR DESIGNATED SERVICE AREAS

Western Colorado Region

Northeast Colorado Region

Southeast Colorado Region

1. Arkansas Valley Community Center for Handicapped and for Retarded Persons, Inc. (Sam Maxwell)
2. Blue Peaks Developmental Services, Inc. (John Kreiner)
3. Centennial Developmental Services, Inc. (John Wooster)
4. Community Connections, Inc. (Lon Erwin)
5. Community Options, Inc. (Charlie Allinson)
6. Denver Options. Inc. (Stephen Block)
7. Developmental Disabilities Center, Inc. (John Taylor)
8. Developmental Opportunities, Inc. (Roger Jensen)
9. Developmental Pathways, Inc. (John Meeker)
10. Eastern Colorado Services for the Developmentally Disabled, Inc. (Chuck Hayes)
11. Foothills/Gateway, Inc. (Tim O'Neill)
12. Horizons for the Developmentally Disabled and Seriously Handicapped, Inc. (Christine Collins)
13. Jefferson County Community Center for Developmental Disabilities, Inc. (Art Hogling)
14. Mesa Developmental Services (Anita Pisciotte)
15. Mountain Valley Developmental Services, Inc. (Bruce Christensen)
16. North Metro Community Services, Inc. (Roxanne Pinneo)
17. Pueblo County Board for Developmental Disabilities, Inc. (Larry Velasco)
18. The Resource Exchange (Bill Bowman)
19. Southeastern Developmental Services, Inc. (George Small)
20. Southern Colorado Developmental Services, Inc. (Duane Roy)

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MAJOR SERVICES AND SUPPORTS MOST FREQUENTLY UTILIZED AND FUNDED BY THE DIVISION

An array of services and supports is available to meet the different individual needs of people with developmental disabilities. The major services or supports most frequently utilized and funded by the Division are the following:

- *Family Support Services* (including respite care), which are designed to enable families to maintain a family member with a developmental disability in the family home, thereby preventing or delaying the need for out-of-home placement which is unwanted by the person or the family.

- *Early Intervention Services and Supports*, which offer infants and toddlers and their families services and supports designed to enhance child development.

- *Supported Living Services*, which are intended to provide necessary assistance and support to meet the daily living and safety needs of persons who remain responsible for their own room and board expenses. Supported living services environments are limited to three or fewer persons and include Community Supported Living Arrangements, supported living through the Medicaid HCB-DD waiver program, and follow-along services which are provided only through state funds to adults requiring periodic support to maintain their independence in unsupervised independent living settings.

- *Case Management/Service and Support Coordination*, which includes eligibility determination; planning, locating and facilitating access; coordinating and reviewing all aspects of needed services, supports and resources in cooperation with the person with a developmental disability, the persons family as appropriate, and involved agencies; and monitoring and evaluation of all services and supports.

- *Group and Individual Residential Services and Supports,* which include an array of training, learning, experiential and support activities provided in living environments. Such living alternatives are designed to meet the varying support and supervision needs of individuals outside of their family homes. Staff support may be provided intermittently during the week, on a daily basis, or by twenty-four hour intensive support, depending on individual needs.

- *Day Services and Supports*, which offer opportunities for individuals to experience and actively participate in valued adult roles in the community. These services and supports enable individuals to access and participate in typical community activities, such as work, recreation, higher education and senior citizen activities.

- *Ancillary Services*, which include activities that are secondary but integral to the provision of the services and supports specified above, such as transportation, training and technical assistance, and administrative services.